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## NOTICE OF ALLOWANCE AND FEE(S) DUE

021567

7590

08/12/2004

WELLS ST. JOHN P.S. 601 W. FIRST AVENUE, SUITE 1300 SPOKANE, WA 99201 **EXAMINER** 

KOBERT, RUSSELL MARC

ART UNIT

PAPER NUMBER

2829

DATE MAILED: 08/12/2004

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/844,175      | 04/27/2001  | Warren M. Farnworth  | MI22-1703           | 4157             |

TITLE OF INVENTION: REMOVABLE ELECTRICAL INTERCONNECT APPARATUSES AND REMOVABLE ENGAGEMENT PROBES

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1330    | \$300           | \$1630           | 11/12/2004 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATEN PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHT THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPO PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM TH MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THE STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOV REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (O AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WIL BE REGARDED AS ABANDONED.

## HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is n claiming SMALL ENTITY status, check box 5a on Part B - Fee Transmittal and pay the PUBLICATION FEE (if required) and 1 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) w your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B - Fee(s) Transmittal should completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should completed and an extra copy of the form should be submitted.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

#### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

| appropriate. All further con                                                                                                         | rrespondence including the I<br>below or directed otherwise                                                                                  | atent advance or                                                            | ders and not                                                                                                | tification of maintenance fees a new correspondence address                                                                                                                                                                                                                         | will be mailed to the current s; and/or (b) indicating a separate                                                                                                 | correspondence address                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  021567 7590 08/12/2004                                 |                                                                                                                                              |                                                                             | Fee(s) Transmittal. T<br>papers. Each addition                                                              | Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, m have its own certificate of mailing or transmission. |                                                                                                                                                                   |                                                     |  |
| WELLS ST. JOHN P.S.<br>601 W. FIRST AVENUE, SUITE 1300<br>SPOKANE, WA 99201                                                          |                                                                                                                                              |                                                                             |                                                                                                             | I hereby certify that t                                                                                                                                                                                                                                                             | ertificate of Mailing or Trans<br>this Fee(s) Transmittal is bein<br>with sufficient postage for fir<br>il Stop ISSUE FEE address<br>PTO (703) 746-4000, on the o | a denosited with the IIn                            |  |
|                                                                                                                                      |                                                                                                                                              |                                                                             |                                                                                                             |                                                                                                                                                                                                                                                                                     | ·                                                                                                                                                                 | (Depositor's na                                     |  |
|                                                                                                                                      |                                                                                                                                              |                                                                             |                                                                                                             |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                   | (Signat                                             |  |
|                                                                                                                                      |                                                                                                                                              |                                                                             |                                                                                                             |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                   | (D                                                  |  |
| APPLICATION NO.                                                                                                                      | FILING DATE                                                                                                                                  |                                                                             | FIRST NAME                                                                                                  | D INVENTOR                                                                                                                                                                                                                                                                          | ATTORNEY DOCKET NO.                                                                                                                                               | CONFIRMATION NO.                                    |  |
| 09/844,175                                                                                                                           | 04/27/2001                                                                                                                                   | -                                                                           | Warren M.                                                                                                   | . Farnworth                                                                                                                                                                                                                                                                         | MI22-1703                                                                                                                                                         | 4157                                                |  |
|                                                                                                                                      |                                                                                                                                              |                                                                             |                                                                                                             | TUSES AND REMOVABLE                                                                                                                                                                                                                                                                 | ENGAGEMENT PROBES                                                                                                                                                 |                                                     |  |
| APPLN. TYPE                                                                                                                          | SMALL ENTITY                                                                                                                                 | ISSUE FI                                                                    | EE                                                                                                          | PUBLICATION FEE                                                                                                                                                                                                                                                                     | TOTAL FEE(S) DUE                                                                                                                                                  | DATE DUE                                            |  |
| nonprovisional                                                                                                                       | NO                                                                                                                                           | \$1330                                                                      | )                                                                                                           | \$300                                                                                                                                                                                                                                                                               | \$1630                                                                                                                                                            | 11/12/2004                                          |  |
| EXAM                                                                                                                                 | MINER                                                                                                                                        | ART UN                                                                      | IT                                                                                                          | CLASS-SUBCLASS                                                                                                                                                                                                                                                                      | 7                                                                                                                                                                 |                                                     |  |
| KOBERT, RU                                                                                                                           | SSELL MARC                                                                                                                                   | 2829                                                                        |                                                                                                             | 324-765000                                                                                                                                                                                                                                                                          | _                                                                                                                                                                 |                                                     |  |
| Address form PTO/SB/1:  "Fee Address" indicati PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless | on (or "Fee Address" Indicate or more recent) attached. Use D RESIDENCE DATA TO BI an assignee is identified be a 37 CFR 3.11. Completion of | ion form of a Customer  E PRINTED ON T low, no assignee of this form is NOT | or agents (2) the naregistered 2 registered listed, no control (2) the PATEN data will app [7] a substitute | near on the natent. If an assig                                                                                                                                                                                                                                                     | a member a 2nes of up to f no name is 3nee is identified below, the d                                                                                             | ocument has been filed                              |  |
| Please check the appropriate                                                                                                         | e assignee category or categor                                                                                                               | ies (will not be pri                                                        | inted on the p                                                                                              | patent); 🗖 individual 🗇                                                                                                                                                                                                                                                             | corporation or other private gr                                                                                                                                   | oup entity  governm                                 |  |
| 4a. The following fee(s) are                                                                                                         | enclosed:                                                                                                                                    | 4b                                                                          | . Payment of                                                                                                | Fee(s):                                                                                                                                                                                                                                                                             | <u> </u>                                                                                                                                                          |                                                     |  |
|                                                                                                                                      |                                                                                                                                              |                                                                             | ☐ A check in the amount of the fee(s) is enclosed.                                                          |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                   |                                                     |  |
|                                                                                                                                      |                                                                                                                                              |                                                                             | ☐ Payment by credit card. Form PTO-2038 is attached.                                                        |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                   |                                                     |  |
| ☐ Advance Order - # of Copies ☐ The Deposit                                                                                          |                                                                                                                                              |                                                                             | ☐ The Direct Deposit Acc                                                                                    | ctor is hereby authorized by count Number                                                                                                                                                                                                                                           | harge the required fee(s), or (enclose an extra c                                                                                                                 | credit any overpayment opy of this form).           |  |
|                                                                                                                                      | (from status indicated above) MALL ENTITY status. See 37                                                                                     |                                                                             | □ b. Applica                                                                                                | ant is not claiming SMALL EN                                                                                                                                                                                                                                                        | TITY status. See, e.g., 37 CFI                                                                                                                                    | R 1.27(g)(2).                                       |  |
| NOTE: The Issue Fee and Printerest as shown by the reco                                                                              | is requested to apply the Issu<br>ublication Fee (if required) words of the United States Pate                                               | ill not be accepted<br>nt and Trademark                                     | from anyone                                                                                                 | ny) or to re-apply any previous<br>e other than the applicant; a reg                                                                                                                                                                                                                | ly paid issue fee to the applica<br>gistered attorney or agent; or the                                                                                            | tion identified above.<br>ne assignee or other part |  |
| (Authorized Signature)                                                                                                               |                                                                                                                                              | (Date)                                                                      |                                                                                                             |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                   |                                                     |  |
| submitting the completed ap                                                                                                          | pplication form to the USPTC for reducing this burden, sho inia 22313-1450 DO NOT S                                                          | D. Time will vary                                                           | depending up                                                                                                | to obtain or retain a benefit by<br>llection is estimated to take 12<br>pon the individual case. Any c<br>nation Officer, U.S. Patent and<br>D FORMS TO THIS ADDRES                                                                                                                 | omments on the amount of tin                                                                                                                                      | ng gathering, preparing,<br>me you require to comp  |  |

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| SPOKANE, WA 99201                                      |                |                      | ART UNIT                | PAPER NUMBER     |  |
|                                                        |                |                      | 2829                    | *                |  |
|                                                        |                |                      | DATE MAILED: 08/12/2004 | 1                |  |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 0 day(s). If the issue fee is paid on the date that is three months after t mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a h months) after the mailing date of this notice, the Patent Term Adjustment will be 0 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date th determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retriev (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office Patent Legal Administration at (703) 305-1383. Questions relating to issue and publication fee payments should directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.